

Building Name: \_\_\_\_\_ GRADE: Kindergarten Age \_\_\_\_\_

**REGISTRATION FORM**

**OAK PARK SCHOOL DISTRICT**

(248)336-7708 or (248)336-7707

Please return to the Board of Education Office at 13900 Granzon, Oak Park, Michigan 48237-2674

Today's Date \_\_\_\_\_

Student Name: \_\_\_\_\_

First Middle Last

Does your child have a current IEP for Special Education?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: (Choose one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race: (choose one or more regardless of ethnicity)  
\_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month/Day/Year Hospital: \_\_\_\_\_

English is my child's native tongue: Yes \_\_\_\_\_ No \_\_\_\_\_  
English is the primary language spoken in home: Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO what language \_\_\_\_\_  
Date the Student entered the USA \_\_\_\_\_

District of Residence: \_\_\_\_\_

Hm Address: \_\_\_\_\_  
Number/Street Name Apt  
City State Zip

Primary Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Cell Phone: Y \_\_\_\_\_ N \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Lives with Student: Yes \_\_\_\_\_ No \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Lives with Student: Yes \_\_\_\_\_ No \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Entry Date: \_\_\_\_\_

ID: \_\_\_\_\_

Home Room Number: \_\_\_\_\_

Birth Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_  
30 Day Aff. Expires \_\_\_\_\_  
Perm Aff with supporting documents \_\_\_\_\_

Immunization Records: Yes \_\_\_\_\_ No \_\_\_\_\_  
Health (KNDG & GSRP): Yes \_\_\_\_\_ No \_\_\_\_\_

Lunch Survey: Yes \_\_\_\_\_ No \_\_\_\_\_  
Sent To FS: Yes \_\_\_\_\_ No \_\_\_\_\_

**Attached:**

Copy of Parent DL \_\_\_\_\_  
RES - Copy of Own/Lease \_\_\_\_\_  
RES - Copy of 2 Bills \_\_\_\_\_  
Affidavit (if living with someone) \_\_\_\_\_  
NON-RES - Copy of 2 PC Mail \_\_\_\_\_  
NON-RES - School of Choice Form \_\_\_\_\_

Behavior Report Rcvd \_\_\_\_\_  
Last Report Card \_\_\_\_\_  
Transcript(s) \_\_\_\_\_

GSRP - Income Verification \_\_\_\_\_  
GSRP - HandBook Signature Sheet \_\_\_\_\_  
KNDG Waiver Sept, Oct, or NOV BD \_\_\_\_\_

IEP attached \_\_\_\_\_  
Copied for Specialized Services \_\_\_\_\_

Court Document \_\_\_\_\_

**PRIMARY CONTACTS**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Has your child ever received any Special Education? Yes \_\_\_ No \_\_\_ If yes please check all that apply.

**Received special education services:**

- Speech
- HI - Hearing Impaired
- LD - Learning Disabled
- Social Worker
- VI - Visually Impaired
- EI - Emotionally Impaired
- EMI - Educable Mentally Impaired
- Other \_\_\_\_\_

**Other services:**

- Title 1
- Section 504 Plan
- Migrant Education Services
- Bilingual Services/Limited English Proficient Services
- Gifted/Talented Program (school sponsored); Type (ex. Music, Art, Math, Science) \_\_\_\_\_
- Alternative Education; Type \_\_\_\_\_

**Emergency Medical Conditions/Problems: Check ALL that apply**

- Nothing known (1)
- Iodine allergy (9)
- Wears glasses (17)
- Medical waiver (2)
- Mult. Allergy (10)
- Bee sting (18)
- Rheumatic (3)
- Epileptic (11)
- Asthma (19)
- Cardiac (4)
- Contact lenses (12)
- Nose bleeds (20)
- Hemophiliac (5)
- Special blood condition (13)
- No medication, religious (21)
- Diabetic (6)
- Sulpha allergy (14)
- Check health card (22)
- Aspirin allergy (7)
- Muscle weakness (15)
- Attention deficit disorder (23)
- Penicillin allergy (8)
- Headaches (16)
- Hearing Problems (24)
- Takes medication regularly at school (25)

Other \_\_\_\_\_

**Please List other children who reside in the home:**

Name	Birthdate	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please Describe the student's current living situation (MUST check one):**

- Shelter
- Runaway
- Foster Care
- Temporarily doubled up with relatives or friends
- Hotel/Motel
- Street, car, abandoned building, campground
- Unaccompanied Minor
- NONE of the above

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Only fill out if your child turns 5 between September 2<sup>nd</sup> and December 1<sup>st</sup>, 2017**

**Oak Park School District  
13900 Granzon Oak Park MI 48237  
Kindergarten Start Age Notification Form for 2017-2018 School Year**

According to Michigan Law, if a child entering the Oak Park School District is not five years of age on September 1, 2017 but **will be five years of age no later than December 1, 2017**, the parent or legal guardian of that child may enroll the child in kindergarten for the 2017-18 school year.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Verification of Age:       Birth Certificate       Government Record

(Check one)               Court Record       Citizenship Paper

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name                      Parent/Guardian's Signature                      Date

Parent Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

# Oak Park School District

13900 GRANZON • OAK PARK, MICHIGAN 48237-2674  
TELEPHONE: (248) 336-7708 • TELEFAX (248) 336-7738

Dr. Daveda Colbert  
Superintendent

## STUDENT EMERGENCY CONTACT INFORMATION

*Please note: All Address changes will be conducted at the Administration Office Only*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please Print)

DOB: \_\_\_\_\_ Student ID # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Primary Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Y \_\_\_ N \_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Primary Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Y \_\_\_ N \_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**\*\*Please be mindful your student will only be released to the listed individuals below, whether it is an emergency or not.**

Name of Contact Person	Relationship to Student	Telephone #

*(For additional names, use the back side of the document and include all information)*

In the case of an emergency/serious illness, if the school is unable to contact me, I hereby authorize the OPSD to transport my child to a hospital, emergency medical facility or the physician listed below for treatment. I authorize the attending medical personnel to take action and give treatment as they deem necessary. I understand that I am responsible for any charges that may result from this decision.

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**"Quality Learning for Every Student Every Day!"**

REVISED APRIL 22, 2015

# Oak Park School District

ADMINISTRATION BUILDING: 13900 GRANZON • OAK PARK, MICHIGAN 48237-2799  
TELEPHONE: (248) 336-7708 • TELEFAX (248) 336-7738

Rebecca Luddington  
Student Services Coordinator

## WAIVER AND RELEASE FOR ELECTRONIC AND PRINT MEDIA

I, \_\_\_\_\_, hereby consent to the use of statements or responses made by my child if interviewed by representatives of any electronic or print journal, magazine, newspaper, and/or internet publication and any photograph taken of my child and used in any such publication for educational purposes.

I also hereby consent to the use of my child's name, recorded likeness or voice on videotape, audiotape, or any other electronic medium by the Oak Park School District, its staff, its agents, employees of the Oakland Intermediate School District, and any other authorized parties whether for live or delayed transmission for educational purposes.

I hereby irrevocably grant to authorized parties permission to speak with, interview and/or photograph, videotape or audiotape my child, transmit and/or retransmit his/her name, voice and/or appearance in a print/electronic program/production, in whole or in part, for any purpose except as a commercial advertisement, for any commercial enterprise, or for nonprofit endeavor.

Further, I hereby waive and forego any compensation for the use of material, including photographs, gained from an interview, or for my child's voice and/or appearance on the transmission or retransmission of a print/electronic program/production. I hereby release the Oak Park School District, its staff, its agents, employees of Oakland Intermediate School District, and any other authorized parties from liability arising from creation and/or use of the material created or furnished by me or others in connection with the production of the material.

Student's Name \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Oak Park Schools  
 13900 Granzon  
 Oak Park, MI 48237  
 Aric Weinclaw  
 248-336-7757

## Community Eligibility Provision Survey Free Breakfast and Lunch Program

Return survey to school office, mail, or e-mail to  
 awienc@oakparkschools.org

SCHOOL USE ONLY

Approved for:

1  2

Oak Park Schools is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for state and federal programs that your school building can qualify for, please complete, sign and return this application to your school building or mail to Aric Weinclaw at the above address.

**If any member of your household receives Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete survey and return to your child's school or mail to the address listed above.

**These sections must be completed by the head of household or designee.**

**1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children \_\_\_\_\_

**2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.**

**3. TOTAL MONTHLY HOUSEHOLD INCOME** - Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	
2. Monthly Welfare Payments, Child Support, Alimony	\$	
3. Monthly Payments from Pensions, Retirement, Social Security	\$	
4. Monthly Dividends or Interest on Savings	\$	
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	
<b>Total Monthly Household Income (Add lines 1-6)</b>		\$

**4. SIGNATURE** - If income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX- \_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

By providing your email address, you may be contacted via email by the district.